

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



December 10, 1992

Reason for this Transmittal

- ☐ State Law Change
- ☐ Federal Law Change
- ☒ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by SDSS

ALL-COUNTY LETTER (ACL) NO. 92-110

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY AFDC COORDINATORS  
ALL COUNTY GAIN COORDINATORS

SUBJECT: INSTRUCTIONS FOR BALANCING OVERPAYMENTS WITH RETROACTIVE BENEFITS RESULTING FROM THE WINDLEY V. McMAHON COURT ORDER

REFERENCES: ACL NO. 91-92

The purpose of this letter is to provide follow-up instructions to counties on the method of balancing overpayments with Windley retroactive benefits and to amend the Implementation Guidelines for Windley to reflect the revised retroactive and request periods for Los Angeles County. It is also to transmit to counties reproducible copies of the amended Notice of Action (NOA) message and form for approving the payment of retroactive benefits as specified in the Consent Decree for this case.

Before paying a retroactive benefit, counties shall first determine if there are any outstanding overpayments in the Greater Avenues for Independence (GAIN) Program and/or the Aid to Families with Dependent Children Program. If there are overpayments, the retroactive benefit shall be balanced against the overpayment before being disbursed to a current or former GAIN participant [Manual of Policy and Procedures (MPP) Section 42-751.41]. Furthermore, counties shall concurrently balance a newly discovered overpayment with a newly discovered underpayment. An adequate and complete overpayment notice must accompany the NOA M50-022A when an overpayment is being balanced against an underpayment. Upon receipt of this ACL, counties shall use the enclosed NOA message and forms when balancing an overpayment against a Windley corrective underpayment.

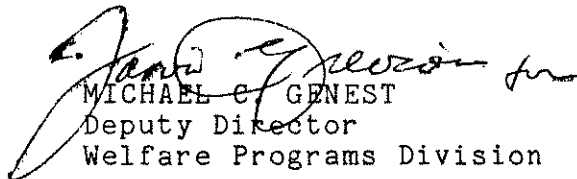
We have amended Sections 50-022.2(i) and (j), .412(a), .422 and .541(c) of the Windley Implementation Guidelines to reflect

the new retroactive period and request period for Los Angeles County. We have also amended Sections 50-022.2(k), .422(a), .542, .542(a) and .543 for minor editorial errors. The revised language has been underlined or struck out for your convenience.

Enclosed are the following materials: NOA message and form M50-022A; the revised TEMP GAIN 58 (9/92); and Pages 2, 4, 5, 8 and 9 of the Implementation Guidelines. Please note that the newly revised TEMP GAIN 58 (9/92) is to be used when balancing an overpayment with a Windley corrective underpayment.

Additional reproducible copies of the NOA form can be obtained by calling the Department's Forms Management Section at (916) 657-1893 or (CALNET) 8-437-1893. The NOA message and form translated in Spanish and the four standard Asian languages will be sent to counties by Language Services Bureau under separate cover.

If you have any questions regarding the balancing of overpayments with underpayments or the enclosed materials, please contact Ms. Pat Loader at (916) 654-1770 or (CALNET) 8-464-1770.

  
MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Enclosures

cc: CWDA

WINDLEY V MCMAHON  
RETROACTIVE RELIEF  
AMENDED IMPLEMENTATION GUIDELINES

Please replace Pages 2, 4, 5, 8 and 9 in the Windley  
Implementation Guidelines with the following new pages.

- e. "GEN 1172 (3/91)" means the Statistical Reporting Form used to gather data regarding the request to review case records resulting from this lawsuit.
- f. "NOA" means a Notice of Action that meets the adequacy requirements of MPP 22-022. A requester is considered to be informed of the outcome of a request to have his/her case file reviewed when he/she is provided a NOA.
- g. "Receiving county" means the county which the TEMP GAIN 77 (7/92) is mailed to or given to for processing. The receiving county may not be the responsible county.
- h. "Responsible county" means the county that denied, reduced or terminated supportive services and did not provide adequate written notice explaining the reason for such an action.
- i. "Retroactive period" means the period of time between October 12, 1986 to April 1, 1991 for all counties except Los Angeles. The retroactive period for Los Angeles County shall be from November 1, 1988 through November 30, 1992.
- j. "Request period" means the time period in which a person may file a request to have their case file reviewed which is from August 1, 1992 through October 30, 1992 in all counties except Los Angeles. The request period for Los Angeles County will be from August 1, 1992 through January 31, 1993.
- k. "TEMP GAIN 58 (2/91) (9/92)" means the GAIN Supportive Services Overpayment Notice Form which is used to explain to a person his/her responsibilities and pay any corrective overpayments.
- l. "TEMP GAIN 63 (7/92)" is the Informing Card mailed with the Medi-Cal card to current AFDC and Medically Needy Only recipients.
- m. "TEMP GAIN 76 (8/92) is the Informing Poster used to notify former and current GAIN participants of the Windley settlement.
- n. "TEMP GAIN 77 (7/92)" is the Review Request Form provided by counties to potentially eligible persons to use to request to have their case files reviewed.

.3 Informing of Case Review.

TEMP GAIN 63 (7/92) shall be mailed to all current AFDC and medically-needy-only Medi-Cal recipients. TEMP GAIN 76 (8/92) shall be provided to all colleges, universities, community colleges, child care resource/referral agencies, and legal aid and welfare rights organizations. TEMP GAIN 76 (8/92) shall be placed in all county welfare offices, GAIN offices and Food Stamp outlets. The TEMP GAIN 77 (7/92) shall be provided by counties to any person upon request.

- .322 Place TEMP GAIN 76 (8/92) in conspicuous locations in all welfare offices, GAIN offices and Food Stamp outlets [Section 50-022.313].
- .323 Issue TEMP GAIN 76 (8/92) to:
  - (a) Child care resources and referral agencies requesting that the TEMP GAIN 76 (8/92) be displayed in conspicuous locations.
  - (b) All community colleges, State colleges and State universities requesting that the TEMP GAIN 76 (8/92) be displayed in conspicuous locations.
    - (1) It is recognized and agreed that SDSS and counties cannot require educational institutions to display the TEMP GAIN 76 (8/92).
- .324 Reproduce an adequate supply of the TEMP GAIN 77 (7/92) in English and Spanish.

.4 Review Request Form.

Potentially eligible persons shall receive a TEMP GAIN 63 (7/92) in the mail or see a TEMP GAIN 76 (8/92). A potentially eligible person may request a TEMP GAIN 77 (7/92) by mail or in person from any county.

.41 Requester Responsibilities.

Requester shall:

- .411 Complete and sign TEMP GAIN 77 (7/92) [Section 50-022.521]. The TEMP GAIN 77 (7/92) shall be signed under penalty of perjury.
- .412 Submit TEMP GAIN 77 (7/92) to responsible county.
  - (a) Submit TEMP GAIN 77 (7/92) on or before end of request period. If mailed, postmark must be no later than October 30, 1992 for all counties except Los Angeles. For Los Angeles County, the postmark must be no later than January 31, 1993.
  - (b) Requester shall be permitted to resubmit a previously denied request during the request period.
- .413 Provide to counties additional information, documentation or clarification of the TEMP GAIN 77 (7/92) upon request [Section 50-022.55].
  - (a) Examples of types of information or clarification that may be requested or reasons for a request: person's name if different while in GAIN; illegible handwriting; wrong social security number; missing social security number; no county listed.

.42 Counties Responsibilities.

Counties shall:

.421 Stamp the TEMP GAIN 77 (7/92) with the date it is received.

.422 Retain envelopes that are postmarked after October 30, 1992 for all counties except Los Angeles. Los Angeles County shall retain all envelopes that are postmarked after January 31, 1993 [Section 50-022.412].

(a) If the date cannot be determined by either postmark or date stamp, use the date the requester signed the TEMP GAIN 77 (7/92) ~~shall be used to determine when the request was received.~~

.423 Issue NOA M50-022N within 30 days denying request if request is postmarked after request period [Section 50-022.534].

.424 Maintain all records which contain documentation relative to this court order for three years after the final legal claim has been submitted for federal reimbursement [MPP 23-353].

(a) Records include those used to determine eligibility for the class (including denials) and those used to determine the amount of any corrective over/underpayments.

(b) Records which are pertinent to this court order may include case records, payment records, assistance claims and reimbursement claims.

.425 Determine the responsible county.

(a) Process the TEMP GAIN 77 (7/92) within 60 days when the receiving county is the responsible county and the requester is a class member [Section 50-022.54].

(b) Process the TEMP GAIN 77 (7/92) within 30 days when the receiving county is the responsible county and the requester is not a class member [Section 50-022.53].

(c) If the receiving county determines that the TEMP GAIN 77 (7/92) has been submitted to the wrong county (county named on TEMP GAIN 77 (7/92) is not the county which received the request), the receiving county shall issue NOA M50-022N denying the request and forward the TEMP GAIN 77 (7/92) to the responsible county.

(1) Preprint on the back of the NOA M50-022N, or attach copy of, the GAIN 50.

- .536 Requester did not submit TEMP GAIN 77 (7/92) to the responsible county and the receiving county could not determine from the TEMP GAIN 77 (7/92) which county was responsible [Section 50-022.425(d)(1)].

HANDBOOK ENDS HERE

- .54 Requester is a class member.

- .541 Action taken was correct.

Within 60 days, issue appropriate NOA (M50-022B, C, D, E, F, G, H, J, K, L, or O) specifying the action, reason for the action and the formula used to arrive at the decision.

- (a) Preprint on the back of each NOA, or attach a copy of, the GAIN 50.

HANDBOOK BEGINS HERE

- (b) NOAs ending with the number "1" are for the retroactive period of October 12, 1986 through September 30, 1990.
- (c) NOAs ending with the number "2" are for the retroactive period of October 1, 1990 through April 1, 1991 for all counties except Los Angeles. Los Angeles County will use these NOAs for its retroactive period of November 1, 1988 through November 30, 1992.

HANDBOOK ENDS HERE

- .542 Requester was underpaid.

Within 60 days, issue a NOA (M50-022A Rev. 710/92) explaining the action, the formula used to arrive at the corrective payment and when payment can be expected [MPP 42-751.11].

- (a) Preprint on the back of NOA (M50-022A Rev. 710/92), or attach a copy of, the GAIN 50.
- (b) If the county has the capability to include the warrant with the NOA, the county shall do so.
- (1) For the AFDC Program, a corrective underpayment is not to be considered as income or a resource for AFDC grant calculation in the month received and the following month [MPP 44-340.6].
- (2) For the Food Stamp Program, a corrective underpayment shall be excluded as income for all Food Stamp households and excluded as a resource for categorically eligible Food Stamp households as long as they remain eligible for AFDC [MPP 63-501.3(o) and 63-502.2(j)].

(3) Interest shall not be paid on the corrective underpayment.

(c) The County shall ensure that corrective underpayments for this court order are not considered a part of the AFDC grant calculations even when reported on the monthly reporting document.

.543 Requester was overpaid.

Within 60 days, issue NOA M50-022AA with TEMP GAIN 58 ~~12/81~~ (9/92) explaining the action, the formula used to arrive at the overpayment and county collection procedures [MPP 42-751.2].

(a) Preprint on the back of NOA M50-022AA, or attach a copy of, the GAIN 50.

(b) County shall offset any corrective underpayment against any outstanding recoupable overpayments in accordance with MPP 42-751.4.

(c) For requesters no longer on AFDC, counties shall offset the corrective underpayment for supportive services against any outstanding overpayment in accordance with MPP 42-751.5.

.55 Request additional information (NOA M50-022M).

.551 Conduct a thorough review of the requester's case file to search for the absence of an adequate written notice or to find evidence of the action referred to by the requester [Section 50-022.553].

(a) The county shall work with the requester to clarify the action taken by the county.

.552 Attempt to resolve issue(s) by telephone first if the TEMP GAIN 77 (7/92) is inconsistent with the case record or needs clarification (e.g., name of school or vocational training site, child care provider).

.553 Within 30 days, issue NOA M50-022M within 30 days requesting the documentation, additional information or clarification needed to complete processing request if unable to resolve issue(s) by telephone.

(a) Preprint on the back of the NOA M50-022M, or attach a copy of, the GAIN 50.

(b) Requester shall have 30 days from the date of NOA M50-022M to respond to the request for clarification, additional information or verification.



WINDLEY V MCMAHON  
RETROACTIVE RELIEF  
AMENDED NOTICE OF ACTION MESSAGE AND FORM

This NOA message and form are to be used to inform Windley class members and other GAIN participants of a corrective underpayment. They are also to be used for balancing overpayments with Windley corrective underpayments.

- |    |                     |  |
|----|---------------------|--|
| 1. | M50-022A (10/92)    | <u>Windley v. McMahon</u> Retroactive Benefits |
| 2. | TEMP GAIN 58 (9/92) | GAIN Supportive Services Overpayment Notice    |

Counties must use the language contained in the NOA message document enclosed. This document is not ready for use in this format. The message must be copied or transcribed from this document to the appropriate NOA form and then be completed with client-specific information.

The heading and instruction portion of this document contain information for the State Department of Social Services (SDSS) and county use only. Heading and instructional language for SDSS and counties must not be printed on the NOA message document to Windley class members.

Counties can issue Windley class members a completed copy of the reproducible NOA form (two-column) enclosed.

When balancing an overpayment with a Windley corrective underpayment, counties must follow the instructions provided on NOA message M50-022A.

Use the revised TEMP GAIN 58 (9/92), GAIN Supportive Services Overpayment Notice, to show the balancing of an overpayment with an underpayment. Send the TEMP GAIN 58 (9/92) with the NOA M50-022A.

The GAIN 50 must be preprinted on the back of all Page 1 NOAs or attached to the NOA. The county must insert the name, address and phone number of their local legal aid or welfare rights office, or the California Coalition of Welfare Rights Organizations' 800 number (1-800-729-2909) if no legal aid or welfare rights office is available locally in the blank space provided on the left side of the form.

All NOAs shall be provided to clients in duplicate.

State of California  
Department of Social Services

Manual Msg. No.: M50-022A  
Action: Approval  
Reason: Windley v. McMahon  
Title: Retro. Benefits  
Form No.: NA 802  
Effective Date: 08/01/92  
Revision Date : 10/01/92

Auto ID No.:  
Source: GAIN  
Regulation Cite.: 50-022

MESSAGE:

On \_\_\_\_\_, the County approved your back payment for: ☐ child care ☐ transportation ☐ ancillary cost(s) of \$\_\_\_\_\_.

☐ Your back payment was used to pay your overpayment in: ☐ child care ☐ transportation ☐ ancillary costs ☐ AFDC.

☐ As of \_\_\_\_\_, your back payment will be used to pay your overpayment figured on the attached notice.

Here's why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment was approved, denied, lowered or stopped. The County review of your case is a result of the Windley v. McMahon Court Order. We have found that we owe you money. This notice tells you how much GAIN owes you.

Your back payment is figured on the next page.

☐ A check will be sent soon.

☐ A check is enclosed.

☐ Other:

If you are on cash aid and you get Food Stamps, this check will not be counted as income or a resource.

If you are not on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

Your child care payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

Amount we should  
have paid you

\$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid  
you

- \$ \_\_\_\_\_

Amount we owe  
you

= \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ [] hours [] days [] weeks [] month

Amount we should  
have paid you

\$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid  
you

- \$ \_\_\_\_\_

Amount we owe  
you

= \$ \_\_\_\_\_

SUBTOTAL we owe  
you

= \$ \_\_\_\_\_  
-----

Overpayment you  
owe us

- \$ \_\_\_\_\_ for [] GAIN [] AFDC

(See attached overpayment notice)

TOTAL we owe  
you

= \$ \_\_\_\_\_  
-----

Your transportation payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

☐ PUBLIC TRANSPORTATION

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ per \_\_\_\_\_

Amount we should  
have paid you

= \$ \_\_\_\_\_

Amount we paid  
you

- \$ \_\_\_\_\_

Amount we  
owe you

= \$ \_\_\_\_\_

☐ YOUR CAR'S MILEAGE

\$ \_\_\_\_\_ rate

\_\_\_\_\_ per \_\_\_\_\_

X \_\_\_\_\_ miles

Amount we should  
have paid you

= \$ \_\_\_\_\_

Amount we  
paid you

- \_\_\_\_\_

Amount we  
owe you

= \$ \_\_\_\_\_

☐ PARKING

Amount we should  
have paid you

\$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

Amount you  
were paid

- \$ \_\_\_\_\_

Amount we owe  
you

= \$ \_\_\_\_\_

SUBTOTAL we owe  
you

= \$ \_\_\_\_\_  
-----

Overpayment you  
owe us

- \$ \_\_\_\_\_ for ☐ GAIN ☐ AFDC

(See attached overpayment notice)

TOTAL we owe  
you

= \$ \_\_\_\_\_  
-----

Your ancillary payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we paid  
you - \$ \_\_\_\_\_

Amount we owe  
you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we paid  
you - \$ \_\_\_\_\_

Amount we owe  
you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we paid  
you - \$ \_\_\_\_\_

Amount we owe  
you = \$ \_\_\_\_\_

SUBTOTAL we owe  
you = \$ \_\_\_\_\_

Overpayment you  
owe us - \$ \_\_\_\_\_ for ☐ GAIN ☐ AFDC  
(See attached overpayment notice)

TOTAL we owe  
you = \$ \_\_\_\_\_

## INSTRUCTIONS:

Use this message to inform a class member in the Windley v. McMahon Consent Decree of the result of the case review and amount of corrective underpayment. This message can be used for the entire retroactive period (October 12, 1986 through April 1, 1991).

Enter the date the determination was made. Enter the total amount of the underpayment. Check appropriate boxes and complete all other applicable information.

Under the Windley v. McMahon Consent Decree, counties have 60 days to correct an underpayment [MPP 50-022.425(a)].

When computing the corrective underpayment(s), complete a separate page for each different action (e.g., child care, transportation, ancillary costs).

### CHILD CARE:

Complete the name of the child(ren). Enter the appropriate rate. Multiply the rate by the hours, days, weeks or month. Subtract the amount that was paid. Repeat the calculation as many times as necessary.

Under "Subtotal," add all the child care underpayments to arrive at one total. Subtract any overpayments owed to GAIN and/or AFDC. Specify the type of overpayment being offset. If there are no overpayments, enter zero.

### TRANSPORTATION:

Check the box(es) for the type of transportation (e.g., public, mileage, parking).

For public transportation, enter the appropriate rate. Multiply rate by how many days, weeks or months. Subtract the amount that was paid. Repeat calculation as many times as necessary.

For car mileage, enter appropriate mileage rate. Enter miles driven per day, week or month. Determine the total number of miles driven. Enter total miles on "miles" line. Multiply rate by the total miles. Subtract amount that was paid. Repeat calculation as many times as necessary.

For parking, enter appropriate rate. Subtract the amount that was paid. Repeat as many times as necessary.

Under "Subtotal," add the public transportation, car mileage and/or parking underpayment to arrive at one total. Subtract any overpayments owed to GAIN and/or AFDC. Specify the type of overpayment being offset. If there are no overpayments, enter zero.

### ANCILLARY:

For ancillary expenses, enter the appropriate amount that should have been paid. Subtract the amount that was paid.

Under "Subtotal," add all the ancillary underpayments. Subtract any overpayments owed to GAIN and/or AFDC. Specify type of overpayment being offset. If there are no overpayments, enter zero.

BALANCING OVERPAYMENTS WITH CORRECTIVE UNDERPAYMENTS:

A. If a county in determining a corrective underpayment and knows there is an existing overpayment in GAIN and/or AFDC, the county shall balance (offset) the underpayment against the existing overpayment [MPP 42-751.41]. The class member must have been properly noticed regarding the existing overpayment [see MPP 42-750.8]. A copy of the complete and adequate overpayment NOA must accompany the M50-022A.

1. If a Windley underpayment is owed after offsetting an existing overpayment, specify on the M50-022A if a check will be sent or is enclosed. Attach copy(ies) of overpayment notice(s) issued by the county for the existing overpayment(s), e.g., copies of the TEMP GAIN 58s and/or the AFDC overpayment notice.
2. If the Windley underpayment and the existing overpayment are balanced against each other and there is no remaining underpayment owed, check the "Other" box on the M50-022A. State in the space provided: "See new overpayment notice attached. No check is being sent because all of your Windley underpayment was used to pay your overpayment."

Complete a TEMP GAIN 58 (9/92) (GAIN Supportive Service Overpayment Notice). Check the "Other" box. State in the space provided: "Your Windley underpayment paid your overpayment in full." Complete the computation. Show a zero balance. Issue the TEMP GAIN 58 (9/92) with the M50-022A.

3. If the existing overpayment is not paid in full with the Windley underpayment, check the "Other" box on the M50-022A. State in the space provided: "See new overpayment notice attached. No check will be sent because all of your Windley underpayment was used to pay your overpayment."

Complete a TEMP GAIN 58 (9/92). Check the "Other" box. State in the space provided: "Your Windley underpayment has been used to pay your overpayment. The amount left is what you owe us now." Complete the computation. Issue the TEMP GAIN 58 (9/92) with the M50-022A.

B. If a county in determining a corrective underpayment discovers an overpayment, the county shall balance one against the other [MPP 42-751.24 and .41].

1. Complete the TEMP GAIN 58 (9/92). Check the "Other" box. State in the space provided: "In reviewing your case file because of the Windley

Court Order, we found an overpayment and an underpayment. The underpayment will be used to pay your overpayment." Complete the computation.

2. Complete the M50-022A. Check the second box. State the effective date. **THIS NOA MUST BE TIMELY. THE COUNTY MUST SEND THIS NOA AT LEAST TEN CALENDAR DAYS PRIOR TO THE EFFECTIVE DATE OF THE OFFSET.** Compute the underpayment. Subtract the overpayment on the TEMP GAIN 58 (9/92) from the underpayment on the M50-022A.
  - a. If a Windley underpayment is owed after offsetting the new overpayment, specify on the M50-022A if a check will be sent or is enclosed. Issue the TEMP GAIN 58 (9/92) with the M50-022A.
  - b. If the Windley underpayment and new overpayment are balanced against each other and there is no remaining underpayment owed, add on the M50-022A in the space next to the "Other" box: "See overpayment notice attached. No check will be sent because all of your Windley underpayment will be used to pay your overpayment." Show a zero balance.

Issue the TEMP GAIN 58 with the M50-022A.

- c. If the new overpayment is not paid in full with the Windley underpayment, check the "Other" box on the M50-022A. State in the space provided: "See the new overpayment notice attached. No check will be sent because all of your Windley underpayment will be used to pay your overpayment."

Complete the TEMP GAIN 58 (9/92). Add in the space next to the "Other" box: "The amount left is what you owe us now."  
Complete the computation. Issue the TEMP GAIN 58 (9/92) with the M50-022A.



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

On \_\_\_\_\_, the County approved your back payment for ☐ child care ☐ transportation ☐ ancillary costs of \$ \_\_\_\_\_.

☐ Your back payment was used to pay your overpayment in:  
☐ child care ☐ transportation  
☐ ancillary costs ☐ AFDC.

☐ As of \_\_\_\_\_, your back payment will be used to pay your overpayment figured on the attached notice.

Here is why:

This notice is being sent to you because you asked the County to review your case because you did not receive an adequate written notice when your GAIN child care, transportation or ancillary payment was approved, denied, lowered or stopped. The County review of your case is a result of the Windley v. McMahon court order. We have found that we owe you money. This notice tells you how much GAIN owes you.

Your back payment is figured on the next page.

☐ A check will be sent soon.  
☐ A check is enclosed.  
☐ Other:

If you are on cash aid and you get Food Stamps, this check will not be counted as income or a resource.

If you are not on cash aid and you get Food Stamps, you will get another notice from Food Stamps.

**Rules:** These rules apply. You may review them at your GAIN

Office: MPP 50-022, Windley v. McMahon.

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

Your child care payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Child(ren): \_\_\_\_\_

\$ \_\_\_\_\_ rate

X \_\_\_\_\_ ☐ hours ☐ days  
☐ weeks ☐ month

Amount we should have paid you \$ \_\_\_\_\_ per \_\_\_\_\_

Amount we paid you - \$ \_\_\_\_\_

Amount we owe you = \$ \_\_\_\_\_

SUBTOTAL we owe you = \$ \_\_\_\_\_

Overpayment you owe us - \$ \_\_\_\_\_ for ☐ GAIN ☐ AFDC  
(see attached overpayment notice)

TOTAL we owe you = \$ \_\_\_\_\_

Rules: These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

Your transportation payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

☐ PUBLIC TRANSPORTATION

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ YOUR CAR'S MILEAGE

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
miles

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ PARKING

Amount you should  
have been paid = \$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

Amount you  
were paid - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

☐ PUBLIC TRANSPORTATION

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ YOUR CAR'S MILEAGE

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
miles

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ PARKING

Amount you should  
have been paid = \$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

Amount you  
were paid - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

☐ PUBLIC TRANSPORTATION

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ YOUR CAR'S MILEAGE

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
miles

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ PARKING

Amount you should  
have been paid = \$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

Amount you  
were paid - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

☐ PUBLIC TRANSPORTATION

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ YOUR CAR'S MILEAGE

\$ \_\_\_\_\_ rate  
X \_\_\_\_\_ per \_\_\_\_\_  
miles

Amount we should have  
paid you = \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

☐ PARKING

Amount you should  
have been paid = \$ \_\_\_\_\_ ☐ month ☐ school term ☐ other

Amount you  
were paid - \$ \_\_\_\_\_

Amount we  
owe you = \$ \_\_\_\_\_

SUBTOTAL we owe you = \$ \_\_\_\_\_

Overpayment you owe us - \$ \_\_\_\_\_ for ☐ GAIN ☐ AFDC  
(see attached overpayment notice)

TOTAL we owe you = \$ \_\_\_\_\_

Rules: These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

# NOTICE OF ACTION

(Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date \_\_\_\_\_  
Case Name \_\_\_\_\_  
Number \_\_\_\_\_

Your ancillary payment adjustment is figured below:

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

MONTH & YEAR \_\_\_\_\_

Amount you should  
have been paid \$ \_\_\_\_\_

Amount we  
paid you - \$ \_\_\_\_\_

Amount we  
owe you =\$ \_\_\_\_\_

SUBTOTAL we owe you = \$ \_\_\_\_\_

Overpayment you owe us - \$ \_\_\_\_\_ for ☐ GAIN ☐ AFDC  
(see attached overpayment notice)

TOTAL we owe you = \$ \_\_\_\_\_

Rules: These rules apply. You may review them at your GAIN office: MPP 50-022, Windley v. McMahon.

## GAIN SUPPORTIVE SERVICES OVERPAYMENT NOTICE

COUNTY OF: \_\_\_\_\_

ADDRESSEE: \_\_\_\_\_

NOTICE DATE: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

WORKER'S NAME: \_\_\_\_\_

You were overpaid for the following Supportive Services(s) for the month(s) of \_\_\_\_\_:

☐ Child Care☐ Transportation expenses☐ Work/training related expenses

## HERE'S WHY:

☐ You did not have good reason for not participating in the following assigned activity \_\_\_\_\_ and were not eligible for supportive services.☐ You were paid an advance payment for \_\_\_\_\_ that you did not use to pay for GAIN expenses.☐ Other: \_\_\_\_\_

The following shows how much you were paid or what the County paid for you, the amount that should have been paid and the total amount you owe.

AMOUNT PAID.....	\$	\$	\$	\$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID.....	- \$	- \$	- \$	- \$
OVERPAYMENT AMOUNT.....	= \$	= \$	= \$	= \$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS NOTICE .....				= \$
PLUS TOTAL PREVIOUS UNCOLLECTED OVERPAYMENT .....				+ \$
LESS UNDERPAYMENT .....				- \$
NEW TOTAL AMOUNT YOU OWE.....				= \$

## ONLY THE BOXES THAT ARE CHECKED BELOW APPLY TO YOU:

You must pay back what you owe. You have 10 days from the date this notice was mailed to you to:

☐ pay in full what you owe, ☐ complete and return the enclosed repayment agreement or,☐ call your county at \_\_\_\_\_ to discuss a repayment agreement with the County.

If you don't pay what you owe or contact your County within 10 days after the date this notice was mailed to you, the County will collect the overpayment by lowering your supportive services payment.

The amount collected will be 5% of your supportive services payment if the overpayment was caused by the County or 10% of your supportive services payment if the overpayment was caused by you.

The overpayment collection will continue for each month you request a payment until the amount you owe is paid back. This means that your next supportive services payment of up to \$\_\_\_\_\_ will be lowered by no more than \$\_\_\_\_\_.

You may not have to repay in any month while you are in GAIN if you would:

- not have enough money to pay for child care, transportation and or work/training related expenses to be in GAIN and/or
- have to change the child care arrangements you have now.

☐ Call your worker to have your repayment delayed, if either of the reasons above apply to you.☐ You have told the County before that you cannot begin to repay the overpayment while you are in GAIN. The County will delay this repayment.

## CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR GAIN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.

If you go off aid before the overpayment is paid back and you do not continue to repay, the County may take what you owe out of your state income tax refund or take other action to collect.

You do not have to use any Social Security or SSI benefits you get to repay this overpayment.

If you pay by check or money order send or bring it to:

Address: \_\_\_\_\_

☐ you pay by cash, pay in person. **DO NOT MAIL CASH.** Be sure to ask for a numbered receipt with the County's name on it.**RULES:** These rules apply: MPP 42-751. You may review them at your welfare office.